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APPLICANTS

Eric B. Stenzel, Tuam, IRELAND;

\*\* CONTINUING DATA \*\*\*\*\* *Agg* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IRELAND	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature *Agg* Initials

ADDRESS  
 23838  
 KENYON & KENYON  
 1500 K STREET, N.W., SUITE 700  
 WASHINGTON, DC  
 20005

TITLE  
 Method and apparatus for controlled delivery of active substance

FILING FEE  RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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